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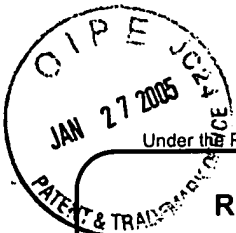
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/810,969	
	Filing Date	March 26, 2004	
	First Named Inventor	Wendell A. Gurtler	
	Art Unit	3611	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	2-5800-004

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	STURM & FIX LLP		
Signature			
Printed name	Michael O. Sturm		
Date	01/24/2005	Reg. No.	26,078

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	Deborah M. Potts	Date	01/24/2005

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/810,969
Filing Date	March 26, 2004
First Named Inventor	Wendell A. Gurtler
Art Unit	3611
Examiner Name	
Attorney Docket Number	2-5800-004

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 00803☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:00803**OR**☐ Firm or  
Individual Name

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

*Wendell A. Gurtler*

Name

Wendell A. Gurtler

Date

1-20-05

Telephone

641-648-5456

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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